

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                  |                                    | Application or Docket Number<br><b>10/000,468</b> | Filing Date<br><b>12/04/2001</b> | <input type="checkbox"/> To be Mailed |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY</td> </tr> <tr> <td>FOR</td> <td>NUMBER FILED</td> <td>NUMBER EXTRA</td> </tr> <tr> <td><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td>minus 20 =</td> <td>*</td> </tr> <tr> <td>INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td>minus 3 =</td> <td>*</td> </tr> <tr> <td><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       | (Column 1)      | (Column 2)          | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | FOR          | NUMBER FILED | NUMBER EXTRA            | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A                              | N/A | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A           | N/A       | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A               | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *                   | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | minus 3 = | *     | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Column 2)                                                                                                                                                                                                                    | SMALL ENTITY <input type="checkbox"/> OR OTHER THAN SMALL ENTITY |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NUMBER FILED                                                                                                                                                                                                                  | NUMBER EXTRA                                                     |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | N/A                                                                                                                                                                                                                           | N/A                                                              |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                                                                                                                                                           | N/A                                                              |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                                                                                                                                                                                                                           | N/A                                                              |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minus 20 =                                                                                                                                                                                                                    | *                                                                |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | minus 3 =                                                                                                                                                                                                                     | *                                                                |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <b>APPLICATION AS AMENDED – PART II</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">(Column 1)</td> <td style="width: 33%; text-align: center;">(Column 2)</td> <td style="width: 33%; text-align: center;">(Column 3)</td> <td style="width: 33%; text-align: center;">SMALL ENTITY</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%; text-align: center;">OTHER THAN SMALL ENTITY</td> </tr> <tr> <td>AMENDMENT</td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td></td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td>RATE (\$)</td> </tr> <tr> <td></td> <td><b>02/01/2007</b></td> <td></td> <td></td> <td></td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* 43</td> <td>Minus</td> <td>** 47</td> <td>= 0</td> <td>OR RATE (\$)</td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* 9</td> <td>Minus</td> <td>*** 11</td> <td>= 0</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td></td> <td></td> <td>OR</td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>OR</td> <td>TOTAL ADD'L FEE</td> <td><b>0</b></td> </tr> <tr> <td>AMENDMENT</td> <td>CLAIMS REMAINING AFTER AMENDMENT</td> <td></td> <td>HIGHEST NUMBER PREVIOUSLY PAID FOR</td> <td>PRESENT EXTRA</td> <td>RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> <td>RATE (\$)</td> <td>ADDITIONAL FEE (\$)</td> </tr> <tr> <td>Total (37 CFR 1.16(i))</td> <td>* </td> <td>Minus</td> <td>** </td> <td>= </td> <td>OR X \$ =</td> <td></td> <td>X \$ =</td> <td></td> </tr> <tr> <td>Independent (37 CFR 1.16(h))</td> <td>* </td> <td>Minus</td> <td>*** </td> <td>= </td> <td>OR X \$ =</td> <td></td> <td>X \$ =</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TOTAL ADD'L FEE</td> <td></td> <td>TOTAL ADD'L FEE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>OR</td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       | (Column 1)      | (Column 2)          | (Column 3)                                                       | SMALL ENTITY | OR           | OTHER THAN SMALL ENTITY | AMENDMENT                                                           | CLAIMS REMAINING AFTER AMENDMENT |     | HIGHEST NUMBER PREVIOUSLY PAID FOR                                   | PRESENT EXTRA | RATE (\$) |                                                                           | <b>02/01/2007</b> |     |                                  |            | ADDITIONAL FEE (\$) | Total (37 CFR 1.16(i))                 | * 43      | Minus | ** 47                                                             | = 0                                                                                                                                                                                                                           | OR RATE (\$) | Independent (37 CFR 1.16(h))                                               | * 9 | Minus | *** 11 | = 0 | ADDITIONAL FEE (\$) | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  | OR | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  | TOTAL ADD'L FEE |  |  |  |  | OR | TOTAL ADD'L FEE | <b>0</b> | AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDITIONAL FEE (\$) | RATE (\$) | ADDITIONAL FEE (\$) | Total (37 CFR 1.16(i)) | * | Minus | ** | = | OR X \$ = |  | X \$ = |  | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | OR X \$ = |  | X \$ = |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  |  |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL ADD'L FEE |  | TOTAL ADD'L FEE |  |  |  |  |  |  | OR |  |  |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Column 2)                                                                                                                                                                                                                    | (Column 3)                                                       | SMALL ENTITY                       | OR                                                | OTHER THAN SMALL ENTITY          |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              |                                                                  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>02/01/2007</b>                                                                                                                                                                                                             |                                                                  |                                    |                                                   | ADDITIONAL FEE (\$)              |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | * 43                                                                                                                                                                                                                          | Minus                                                            | ** 47                              | = 0                                               | OR RATE (\$)                     |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | * 9                                                                                                                                                                                                                           | Minus                                                            | *** 11                             | = 0                                               | ADDITIONAL FEE (\$)              |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   | OR                               |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   | TOTAL ADD'L FEE                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                                                  |                                    | OR                                                | TOTAL ADD'L FEE                  | <b>0</b>                              |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              |                                                                  | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     | RATE (\$)                        | ADDITIONAL FEE (\$)                   | RATE (\$)       | ADDITIONAL FEE (\$) |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| Total (37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                                                                                                                                                                                                             | Minus                                                            | **                                 | =                                                 | OR X \$ =                        |                                       | X \$ =          |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                                                                                                                                                                                                             | Minus                                                            | ***                                | =                                                 | OR X \$ =                        |                                       | X \$ =          |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   | TOTAL ADD'L FEE                  |                                       | TOTAL ADD'L FEE |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   | OR                               |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |
| Legal Instrument Examiner:<br>Linda W. Badie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |                                                                  |                                    |                                                   |                                  |                                       |                 |                     |                                                                  |              |              |                         |                                                                     |                                  |     |                                                                      |               |           |                                                                           |                   |     |                                  |            |                     |                                        |           |       |                                                                   |                                                                                                                                                                                                                               |              |                                                                            |     |       |        |     |                     |                                                                |  |  |  |  |    |                                                                                          |  |  |  |  |                 |  |  |  |  |    |                 |          |           |                                  |  |                                    |               |           |                     |           |                     |                        |   |       |    |   |           |  |        |  |                              |   |       |     |   |           |  |        |  |                                                                |  |  |  |  |  |  |  |  |                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |                 |  |  |  |  |  |  |    |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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